



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2465304
Outpatient Patient Service Revenue	\$62171369
Total Gross Patient Service Revenue	\$64636673

2. Deductions From Revenue

Contractual Allowance	\$42645836
Other Deductions	\$0
Total Deductions	\$42645836

3. Total Operating Revenue

Net Patient Service Revenue	\$21990837
Other Operating Revenue	\$2735194
Total Operating Revenue	\$24726031

4. Operating Expenses

Salaries and Wages	\$3827767	Employee Benefits	\$1066524
Depreciation and Amortization	\$835668	Interest Expense	\$321211
Bad Debt	\$2800009	Other Expenses	\$10790842
Total Operating Expenses	\$19642021		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5084009	Total Assets	\$11643648
Net Non-operating Gains over Loss	\$-5000	Total Liabilities	\$13466682

Total Net Gains	\$5079009
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25936445	\$16772722	\$9163723
Medicaid	\$20487443	\$17217228	\$3270215
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18212785	\$6134991	\$12077794
Total	\$64636673	\$40124941	\$24511732

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$18316	\$-18316
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$43049	\$-43049

Number of Medical Professionals Trained	N/A
Number of Hospital Patients Educated	165
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$2520895
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$610885	
HCI Payments	\$0		
Subtotal	\$0	\$610885	\$-610885
Medicaid Shortfalls	\$2447019	\$5921730	
Subtotal	\$2447019	\$6532615	\$-4085596
DSH Payments	\$838,968		
Subtotal	\$3285987	\$6532615	\$-3246628
Medicare Shortfalls	\$8553831	\$6285140	
Other Government Programs	\$0	\$0	
Total	\$11839818	\$12817755	\$-977937

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$23837	\$-23837
Community Assessment	\$0	\$54771	\$-54771
Provision of Taxes	\$0	\$957038	\$-957038
Other Allocations	\$0	\$0	\$0

Comments

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